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Testimony to Governor's Council on Health Care Reform Implementation
Presented by Kathy Chan, Director of Policy and Advocacy
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On behalf of the Illinois Maternal and Child Health Coalition (IMCHC), thank you for the opportunity to speak about the Illinois Navigator program and respond to the Illinois Navigator Program Design Final Report.

IMCHC is a statewide, nonprofit organization that focuses on the promotion and improvement of health outcomes for women, children, and their families through advocacy, education, community empowerment, and policy development. For nearly 25 years, we have fought for access to affordable, high-quality health care, and have a strong interest in ensuring that Illinois residents have every available opportunity to benefit from full implementation of the Affordable Care Act (ACA) in Illinois.

From 1999-2006, IMCHC served as the lead organization for Covering Kids and Families Illinois, which was part of a nationwide effort to enroll eligible children and parents into public coverage programs. IMCHC also played a strong role in outreach and enrollment efforts for All Kids, when the program was first announced in 2006 and after the expansion took effect in 2007.

I was lucky enough to get my start in Illinois on the Covering Kids and Families Project leading statewide efforts for enrollment, outreach, and coordination. I also worked at the Illinois Department of Healthcare and Family Services in 2006 and 2007 to help implement All Kids, so my first-hand experience with these efforts shape much of my testimony today.

Overall, IMCHC agrees with nearly all of the proposed recommendations and stakeholder findings in the Navigator Final Report compiled by Health Management Associates.

Since you have a copy of my complete testimony, I'll offer the most important items for you to consider in the construction of Illinois' navigator program.

First, when it comes to **program administration**:

Given that Illinois will be operating an Exchange in partnership with the federal government in 2014, we urge Illinois officials do everything that they can to retain full control and oversight of the Navigator program. This will ensure that Illinois has full

operational powers to create and run a Navigator program and ensure a smooth transition once a state-based Exchange goes into effect in 2015.

Illinois should pursue HMA's recommendation to conduct a "needs assessment" in order to better understand where individuals who will benefit from Navigator services reside. This needs assessment will also help target limited resources and help the state better craft an RFP that best addresses outreach and enrollment needs.

Additionally, the Navigator network should be seen as an important "feedback mechanism", in order to help monitor the efficacy of the Exchange. To this end, Navigators should be required to meet on a regular basis with state officials to share their feedback. Such meetings should occur on a more frequent basis when the grants are first issued in 2013 and then minimally, on an annual basis.

Second, in regards to the **Navigator network, including training**:

Illinois should build upon successful outreach and enrollment programs, including but not limited to the All Kids Application Agent network and the Senior Health Insurance Program, which has facilitated outreach on Medicare to seniors. There are many lessons to be learned from these programs, and we are pleased to see their inclusion in the HMA report.

IMCHC's experience has been primarily with All Kids Application Agents, who submit less than half of the All Kids applications received by the state, but who have 90%+ approval rating on applications, meaning that no additional follow up is required by state caseworkers to process and approve the applications. This has helped reduce administrative burden on state eligibility staff who we know are already overloaded. Applications completed without an AKAA's assistance have a much lower success rate, closer to 35 or 40%.

Even more importantly, AKAAs are trusted community-based organizations that provide information about All Kids in a culturally and linguistically appropriate manner. They help families understand their options for coverage and often connect them with other public benefits programs. And while an AKAA's formal responsibilities end once an application is submitted, families often return to AKAAs for help with renewal paperwork, connecting with a caseworker, or understanding complicated forms they receive from the state.

For these reasons, with additional training, AKAA s across the state are very well-suited to serve as Navigators, and these organizations and agencies should be looked upon as some of the first entities encouraged to serve and become trained as Navigators.

We agree with HMA's recommendation that Navigators be trained on both Exchange and Medicaid coverage options, since a number of individuals are expected to move between public and private insurance programs. Navigators will play a critical role in helping these individuals, many of whom will be unfamiliar with how insurance coverage works, let alone knowing about tax credits or cost-sharing subsidies, and can help ensure continuity of access to health care and seamless movement between programs.

Navigators should also be given the opportunity to be trained on other public benefit programs, such as SNAP (food stamps), Temporary Assistance for Needy Families (TANF), and other programs, so that they can help connect eligible individuals to other services.

Last, but not least, when it comes to **financing and sustainability**:

IMCHC agrees that Illinois should maximize opportunities to use federal match from the Medicaid program to support eligible Navigator functions. We also support HMA's recommendations that Illinois look into how federal Exchange establishment grants can be maximized to provide funding for Navigator program operations, such as training or oversight, since it is clear that these funds cannot pay directly for Navigator grants.

Finally, we would be remiss if we did not mention the recent elimination of the All Kids Application Agent Technical Assistance Payment, effective July 1, 2012, as a result of Medicaid cost-reductions. As mentioned earlier, Illinois has benefited greatly from the enrollment and outreach activities of AKAAs, most recently illustrated through three consecutive years of "bonus payments" amounting to close to $40 million. Illinois received these payments for meeting enrollment goals set forth by the federal Children's Health Insurance Reauthorization Act.

However, with the elimination of the AKAA $50 Technical Assistance Payment (TAP) in FY13, it is much less likely that Illinois will be awarded this bonus again. Given that Illinois' share of the TAP was estimated to be $425,000 in FY13, it would be worth reinstating the TAP to give Illinois the opportunity to qualify for this bonus. Based on the bonus that Illinois was awarded in 2012 and HMA's "high-end estimates" for Navigator budgets, we could easily fund the entire first year of the program with a single CHIPRA bonus payment.

IMCHC strongly encourages reinstating AKAA funding and using these bonuses to help support a robust Navigator program.

Additional comments include:

- Navigator grants must be awarded through a competitive RFP process that allows for organizations throughout Illinois to apply and offer their unique approaches to outreach and enrollment for consideration.
- Conflict of interest provisions must be developed in a manner that ensures the utmost program integrity and assurance that Navigators are working in the best interest of consumers. Strong oversight and quality measures must also be developed. Feedback from individuals who utilize Navigator services should be incorporated into this process and consumers should be informed of the formal grievance/complaints process.
- Ongoing input from stakeholders is critical to the development and implementation of a Navigator program. Regular meetings, at least every other month, should take place leading up to the launch of the program, and through the 12-18 months.
- Block grant funding with a pay-for-performance bonus may be an appropriate approach to funding Navigators. However, this model of funding should be reviewed 18-24 months after the awarding of the first grant to determine whether or not this payment mechanism should be revised.
- While the efforts of Navigators should be focused on outreach and enrollment for the individual market, especially in the first few months of operation, we think that the door for Navigators to assist with enrollment into SHOP should be kept as an available option, as Navigators may be useful towards these efforts in the future.
- In order to ensure quality performance and program integrity, we suggest that recertification take place more frequently in the first two years of operation of the Navigator program. We also think that the initial Navigator training should be mandatory to attend in person to ensure the maximum level of participation and engagement by the individual who will be conducting enrollment and outreach.
- We agree that data should be provided to Navigators on a monthly basis and support the development of an online portal where Navigators can submit reports and data that they must provide as part of their grant agreement. We also think that information about the Navigator program, including progress towards the overall program goals should be reported about the Exchange on a regular basis, perhaps on the Exchange website, as well as included in any reports that the Exchange issues to the public.
- While we agree that AKAAs should be encouraged to apply to serve as Navigators, it is unclear at this point whether full integration of the AKAAs, to the point where there would no longer be agencies that only assisted with All Kids applications, is necessary or helpful to outreach efforts.
- And while the following comment may be outside of the scope of this report, HFS should consider opportunities to use administrative data and information that is already available through other state databases and information systems in order to "auto-enroll" eligible individuals when possible into Medicaid. Given, that it is estimated that over 600,000 people will be newly eligible for Medicaid in 2014, utilizing existing data sources can save time and money.

Again, thank you for the invitation and opportunity for IMCHC to share our expertise on this issue. We hope that you will continue to us as a resource.

If you have additional questions, please contact Kathy Chan, IMCHC's Director of Policy and Advocacy at 312-491-8161x24 or at kchan@ilmaternal.org.